



FAMILY RIFLE MEMBERSHIP APPLICATION FORM

PLEASE COMPLETE IN BLOCK CAPITALS

Personal Details

Title			
Name of applicants	1.	4.	
	2.	5.	
	3.		

First Address		Second Address (If Applicable)	
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Postcode		
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Date of Birth		
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E-mail Address	
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Home No.	
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Mobile No.	
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Work No.	
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Membership Details - Please tick preferred method of payment

FAMILY	Annual	Credit Card	£320	
	Annual	Standing Order	£290	

We would like to ensure you that the information you have provided will be used only by West London Shooting School in accordance with the Data Protection Act 1998 and will not be passed to any third party. Your data will be held securely and governed by our internal security policies.

Please sign to acknowledge that you have read our terms and conditions

Signed _____ Date _____

WLS Use	1	Welcome Pack <input type="checkbox"/>	2	Take Payment <input type="checkbox"/>	3	Mem No.							
					4	Acc Code							
Notes													